



**CLASS N**  
**CITY LICENSE APPLICATION**  
**THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC**  
**PLEASE TYPE OR PRINT IN INK**

**CITY OF SAINT PAUL**  
Office of License, Inspections  
and Environmental Protection  
350 St. Peter Street, Suite 300  
Saint Paul, Minnesota 55102  
(651) 266-9090 Fax (651) 266-9124  
Web: [www.ci.stpaul.mn.us/liep](http://www.ci.stpaul.mn.us/liep)

**LICENSES ARE NOT TRANSFERABLE**  
**PAYMENT MUST BE RECEIVED WITH EACH APPLICATION**

Type of License(s) being applied for: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Projected date of opening: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Corporation / Partnership / Sole Proprietorship

If business is incorporated, give date of incorporation: \_\_\_\_\_

Business Name(DBA): \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Business Address (business location): \_\_\_\_\_  
Street (#, Name, Type, Direction) City State Zip+4

Between what cross streets is the business located? \_\_\_\_\_ Which side of the street? \_\_\_\_\_

Are the premises now occupied? \_\_\_\_\_ What Type of Business? \_\_\_\_\_

Mail To Address (if different than business address): \_\_\_\_\_  
Street (#, Name, Type, Direction) City State Zip+4

**Applicant Information:**

Name and Title: \_\_\_\_\_  
First Middle (Maiden) Last Title

Home Address: \_\_\_\_\_  
Street (#, Name, Type, Direction) City State Zip+4

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Driver License: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of arrest: \_\_\_\_\_ Where? \_\_\_\_\_

Charge: \_\_\_\_\_

Conviction: \_\_\_\_\_ Sentence: \_\_\_\_\_

List licenses which you currently hold, formerly held, or may have an interest in:

Have any of the above named licenses ever been revoked? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the dates and reasons for revocation:

Are you going to operate this business personally? \_\_\_\_\_ YES \_\_\_\_\_ NO If not, who will operate it?

First Name Middle Initial (Maiden) Last Date of Birth  
( )  
Home Address: Street (#, Name, Type, Direction) City State Zip+4 Phone Number

Are you going to have a manager or assistant in this business? \_\_\_\_\_ YES \_\_\_\_\_ NO If the manager is not the same as the operator, please complete the following information:

First Name Middle Initial (Maiden) Last Date of Birth  
( )  
Home Address: Street (#, Name, Type, Direction) City State Zip+4 Phone Number

**Please list your employment history for the previous five (5) year period:**

Business/Employment

Address


List all other officers of the corporation:

OFFICER NAME	TITLE (Office Held)	HOME ADDRESS	HOME PHONE	BUSINESS PHONE	DATE OF BIRTH
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If business is a partnership, please include the following information for each partner (use additional pages if necessary):

First Name	Middle Initial	(Maiden)	Last	Date of Birth
				( )
Home Address:	Street (#, Name, Type, Direction)	City	State	Zip+4 Phone Number

First Name	Middle Initial	(Maiden)	Last	Date of Birth
				( )
Home Address:	Street (#, Name, Type, Direction)	City	State	Zip+4 Phone Number

MINNESOTA TAX IDENTIFICATION NUMBER - Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 10 River Park Plaza (651-296-6181).

Minnesota Tax Identification Number: \_\_\_\_\_

**9** If a Minnesota Tax Identification Number is not required for the business being operated, indicate so by placing an "X" in the box.

#### CERTIFICATION OF WORKERS' COMPENSATION COVERAGE PURSUANT TO MINNESOTA STATUTE 176.182

I hereby certify that I, or my company, am in compliance with the workers' compensation insurance coverage requirements of Minnesota Statute 176.182, subdivision 2. I also understand that provision of false information in this certification constitutes sufficient grounds for adverse action against all licenses held, including revocation and suspension of said licenses.

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Coverage from \_\_\_\_\_ to \_\_\_\_\_

I have no employees covered under workers' compensation insurance \_\_\_\_\_ (INITIALS)

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Date \_\_\_\_\_

_____	Phone Number with area code: (_____)_____	Extension _____
	(Circle the type of phone number you have listed above:      Business      Home      Cell      Fax      Pager      )	
_____	Phone Number with area code: (_____)_____	Extension _____
	(Circle the type of phone number you have listed above:      Business      Home      Cell      Fax      Pager      )	
_____	Mail: _____	
	Street (#, Name, Type, Direction)      City      State      Zip+4	
_____	Internet: _____	
	E-Mail Address	

If there are any changes to the parking lot, floor space, or for new operations, please contact a City of Saint Paul Zoning Inspector at (651-266-9008).

1. A detailed description of the design, location and square footage of the premises to be licensed (site plan).  
The following data should be on the site plan (preferably on an 8 ½" x 11" or 8 ½" x 14" paper):
  - Name, address, and phone number.
  - The scale should be stated such as 1" = 20'. ^N should be indicated toward the top.
  - Placement of all pertinent features of the interior of the licensed facility such as seating areas, kitchens, offices, repair area, parking, rest rooms, etc.
  - If a request is for an addition or expansion of the licensed facility, indicate both the current area and the proposed expansion.
2. A copy of your lease agreement or proof of ownership of the property.

9 MasterCard 9 Visa

ACCOUNT NUMBER:

99/99 9999 9999 9999 9999

Date \_\_\_\_\_

## **SPECIFIC LICENSE APPLICATIONS REQUIRE ADDITIONAL INFORMATION**

**If applying for,**

**Cabaret Adult**, please attach written proof that each employee is at least 18 years old.

**Conversation/Rap Parlor Adult**, please attach written proof that each employee is at least 18 years old.

**Entertainment**, please specify class A, B, or C license; obtain and attach signatures of approval from 90% of your neighbors within 350 feet of the establishment. This license must be applied for in conjunction with a Liquor, Wine, Malt On Sale or Rental/Dance Hall license.

**Firearms**, please attach a letter with the following information: state if selling or only repairing, Federal Firearms License Number, type of Armed Services discharge (Honorable, General, Bad Conduct, Undesirable, Dishonorable, or no military service. (NOTE: Establishment must be commercially zoned.)

**Game Room**, please provide the following information: name of machine and list price. (NOTE: A Pool Hall license is required if there are any pool tables in the establishment.)

**Health/Sports Club Adult**, please attach written proof that each employee is at least 18 years old.

**Liquor Off/On sale**, refer to attached liquor application.

**Massage Center**, please attach a detailed description of the services being provided.

**Massage Center Adult**, please attach written proof that each employee is at least 18 years old.

**Massage Practitioner**, please submit proof of successful completion of written and practical exams from the City of Saint Paul authorized examiner; submit insurance certificate showing coverage of \$1,000,000.00 each general liability and professional liability with the City of Saint Paul named as an additional insured, and a 30 day notice of cancellation; submit proof of affiliation from a licensed City of Saint Paul therapeutic massage center or state licensed health facility .

**Motorcycle Dealer**, please include State of Minnesota Dealer Number.

**New Motor Vehicle Dealer**, please include State of Minnesota Dealer Number.

**Parking Lot or Parking Ramp**, please include the number of parking spaces, and attach plans containing a general description of the security provided at the lot/ramp, a site plan showing driveways of the proposed lot and the legal description of the property (this requirement necessary only if no site plan is currently on file). Attach a cover letter describing your plans to comply with the lighting and painting requirements.

**Pawnbroker**, please attach \$5,000.00 Surety Bond.

**Second Hand Dealer-Motor Vehicle**, please include State of Minnesota Dealer Number.

**Second Hand Dealer-Motor Vehicle Parts**, please attach \$5,000.00 Surety Bond.

**Steam Room/Bath House Adult**, please attach written proof that each employee is at least 18 years old.

**Theater Adult**, please attach written proof that each employee is at least 18 years old.